

KENTUCKY TRANSPORTATION CABINET Dept. of Vehicle Regulation/Division of Motor Carriers P.O. Box 2007, Frankfort, Kentucky 40602-2007 (502) 564-4127 (8:00 AM – 4:30 PM EST) Walk-ins 8:00 AM – 4:00 PM http://transportation.ky.gov/dmc

Disabled Persons Vehicle Qualification Form

Company Name			Certificate No.		
Type of ve	ehicle: □ Van □ Bus				
Year	Make	Model	VIN No		
the trans Part 38. integrate (15) pas	sportation of persons with A disabled persons vel ed mechanical lift or ramp	disabilities in a nicle means a v . It shall be de	ccordance with an or bus that signed and con	ed to be especially equipped and the accessibility specifications of requires mobility aid accessibilistructed to transport not more the as defined in KRS 311A.010 of	of 49 CFR ty and an nan fifteen
	Please select	t below if you	r vehicle has a	any of the following:	
☐ Automa☐ Platforma☐ Wheeld☐ Floor to	/Wheelchair Interlock Systatic Anti-Roll-Off Barrier m Tilt of 1 Inch or Less chair Tie-Downs o Ceiling Height Clearance chair Operable Manually/A	e of 56 Inches	☐ Hand Rails 3☐ Platform 30☐ Wheelchair 3	of at least 600 lbs 30-38 Inches Tall Inches Wide by 48 Inches Long Seatbelts ing Height Clearance of 68 Inche	es
I understar any false o any matter operates a	nd that all carriers shall be find that all carriers shall be	ined not less thar ort, or representa n of the departme	n \$25.00 and no tion to the Depar nt by this chapter	n KRS 281.014(5)(a). Under KRS 28 more than \$200.00 if a carrier know tment of Vehicle Regulation with the and under KRS 281.990(2)(b), any ermit shall be fined not less than \$2	vingly makes ne respect to person who
Signatur	e		Date	Title	
		THIS FORM S	SHALL BE NOTAR	ZED	
STATE OF	-				
COUNTY	OF				
Subscribed	d and sworn to before me this	sday	<i>o</i> f	, 20	
	Notary Public				
N	My Commission Expires				